

Attachment C
Long-Term Care Planning Grant Proposal
Dane County – Community Living Alliance – Elder Care of Wisconsin

APPLICANT ORGANIZATION AND CONTACT: This request for planning funds is being submitted by the Dane County Department of Human Services (DCDHS) and its two strategic community partners: Community Living Alliance, Inc. (CLA) and Elder Care of Wisconsin, Inc. (ECW), organizations that combined have 20 years of experience providing integrated managed care to targeted Medicaid populations. DCDHS will manage all funds received and coordinate all planning and public input activities. DCDHS will contract with a third party organization that is experienced in the development of community-based managed, long-term care and health care to assist in the coordination of public input, program design and required analytical services. Contact: Lynn Green, Director, Dane County Dept. of Human Services, 1202 Northport Dr., Madison, WI 53704; Voice: (608) 242-6469; Fax: (608) 242-6293; E-mail: green@co.dane.wi.us

PLANNING GRANT REQUEST: Dane County and its strategic partners propose to utilize available planning funds to implement a comprehensive array of managed long-term care services for eligible Dane County residents who have physical and/or developmental disabilities, chronic illnesses and/or are frail elders. This application requests both program *implementation* planning funds in the amount of \$250,000 and program *development* planning funds in the amount of \$100,000. The *implementation* planning funds will support transition to a managed long-term care benefit for frail elders and persons with physical disabilities respectively who are currently served in Dane County's COP-R and HCBW programs. The implementation funds will also be used to support the development of a full service ADRC and form a Long Term Care Council. The *development* planning funds will be utilized to plan an appropriate managed care model to serve persons with developmental disabilities.

Dane County believes that expanding integrated, managed risk models to current LTC resources will result in providing more choices for county residents while improving the quality, integration, and cost-effectiveness of vital services. The county proposes to build upon existing managed care and LTC infrastructures. The county's goal is to build a seamless "platform" of managed care choices to meet the changing life and health needs of consumers. Key features of the new system will include:

- A single-point of entry for all older adults and people with disabilities or their families living in Dane County to include: education, referral to services, eligibility determination, and benefit counseling;
- A full continuum of care for adults with physical disabilities, chronic illnesses, developmental disabilities and frail elders utilizing the experience and capacity of current managed care programs including SSI managed care and the Partnership Programs;

- A comprehensive range of flexible service options (case management, health care coordination, primary and acute health care, self-directed service option) that are organized and managed in a cost efficient way; and
- A broad network of local service providers, preserving the diversity and richness of current local resource and maximum choice for consumers.

Implementation Planning – Transition of COP-R and HCBW Programs -The initial goal in 2006 for Dane County and its partners will be to extend their current integrated care management models to move eligible adults who are currently served under the COP-R and HCBW programs into a managed long-term care benefit. ECW and CLA would be designated as Care Management Organizations (CMOs) and would be able to bear risk for the operation of all risk-managed programs for the elderly and persons with physical disabilities. All the partners have considerable experience in integrating traditional long-term care services with primary/acute health care for these populations and have the provider network and administrative capacity to create a choice of a more fully integrated model of care. Dane County also has experience with a managed care program for children with severe emotional disturbances. DCDHS, CLA and ECW will continue to explore ways to include community-based mental health/substance abuse (MH/SA) services in a comprehensive, managed care model, thus assuring a full continuum of integrated services to adults with multiple, complex needs.

Creation and Operation of an ADRC – Dane County plans to establish an Aging and Disability Resource Center (ADRC) to provide a single entry point to access information and assistance; emergency services; intake assessment; benefit counseling; and eligibility determination for Medicaid-funded programs - including managed care. Although Dane County currently offers a series of direct services, there is no single agency or phone number to access these services. Dane County's goal will be to integrate their current hotlines, referral sources and intake points into a full service ADRC that serves all target groups to include persons with MH/SA needs.

Creation and Operation of a Local Long-Term Care Council (LTCC) – Dane County believes that the sustained involvement of the local community is essential to developing a responsive, integrated system and transitioning the county's current service delivery systems to managed care. The creation of a local LTCC will assure participation of local community stakeholders, consumers, advocates and providers in the planning, ongoing operation and evaluation of the new system. The LTCC will conduct regular forums for public input and evaluation of both the managed care system and the ADRC. The LTCC will be active in the identification of quality improvement issues and review and oversight of ongoing systems design and development.

Development Planning – The key guiding principle in the recent reform of the Dane County developmental disability system was to expand the set of choices over which individuals could exercise personal control. While responsive, consumer-centered and well-developed, this system is not currently arranged in a way that easily lends itself to conversion to managed care. Dane County is requesting funds to develop a detailed plan to “move” this system closer to implementation. Primary areas of focus for this inclusive, developmental, two-year planning process include:

- (a) study and design of a managed care model for the developmentally disabled population that respects consumer choice within a cost effective delivery system; (b) define the scope of the ongoing county role in the provision of county “safety net” services (e.g., services mandated under chapters 51 and 55, Wis. Stats.); (c) develop a feasibility analysis and plan to promote the full integration of primary and acute health care under risk management, initially for persons covered by SSI Medicaid; (d) design and implement a viable “self-directed” option for consumers, including the concepts of consumer choice over support brokers and types of supports; (e) pilot an individual-level budgeting model within a managed care delivery system; and (f) analyze the utility of the county role in “risk sharing” and contribution of overmatch.

Proposed key benchmarks for grants – The following table summarizes key benchmarks for both grants:

Dane County Common Benchmarks 2006-2007	
<ol style="list-style-type: none"> 1. Establish a local LTC Council to oversee implementation of a managed long-term care program <i>and</i> oversee the planning for an appropriate managed care model to serve persons with developmental disabilities. 2. Establish a full service Aging and Disability Resource Center. 	
Implementation Benchmarks (CY 2006-2007)	Development Benchmarks (CY 2006-2008)
<ol style="list-style-type: none"> 1. Integrate COP and HCBW for elders and people with physical disabilities into ECW and CLA. 2. Create a managed LTC benefit from current HCBWs. 3. Transfer risk for operating COP and HCBW programs to CLA and ECW. 4. Begin to serve all target populations currently in HCBW programs and plan for expansion to serve persons on the wait list. 	<ol style="list-style-type: none"> 1. Study other managed care models for persons with developmental disabilities to include self-determination. 2. Develop the blueprint of a preferred managed care model. 3. Identify appropriate organizations to receive capitation, organize and delivery services and, participate in risk sharing for this targeted population.

AREA: This application covers the area of Dane County, Wisconsin. ECW and CLA are submitting a companion RFI proposal to develop a regional managed care service network that includes Dane County. Dane County will monitor the planning process of this regional effort and support potential collaboration in areas such as technical assistance, network development and administrative functions.

Population Estimates: The table below describes the population of residents who could be served under the comprehensive, integrated managed care model being proposed by Dane County:

	Population (DOA Census)		COP and Waiver Programs (DHFS)			WPP (DHFS)	SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait List
	All	18+	Elderly	DD*	PD				
DANE COUNTY TOTALS	426,526	330,271	602	1,071	278	817	6,100	863	558

*DD COP and Waiver and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

BACKGROUND: Dane County currently operates a comprehensive long-term care delivery system for all targeted populations. This county system, directly or through contract, provides case management and a full range of community-based long-term care services through a comprehensive network of providers. In addition, the county provides all needed intake and eligibility determination services. It operates these programs in tandem with two Partnership Programs serving elderly and adults with physical disabilities. Barriers to expansion of managed care include transitioning a broad, diverse array of independent providers utilized by Dane County into a managed care system and provider network. Dane County has developed and utilizes a rich array of services to support its consumers, therefore, achieving cost neutrality in the short-term, and entitlement in the long-term, will present a significant challenge. The transition of Dane County's self-determination approach for the developmentally disabled population into a managed care environment will require a thoughtful and innovative design. And finally, Dane County will need to develop an ADRC.

PLANNING PARTNERS AND RESOURCES: Dane County has an extensive history of securing consumer involvement in the creation and operation of innovative community-based long-term support programs. Dane County plans to create a Long-Term Care Council to include the voice and input of consumers, providers and other key stakeholders in the planning process. Dane County and its strategic partners, ECW and CLA, bring a wealth of managed long-term care capacity and experience to the process, perhaps unrivaled across the State. The Partnership Programs have unique knowledge about the design, development, and implementation of fully integrated managed care models for frail older adults and persons with physical disabilities, and a solid understanding of the complex regulatory, administrative and financial framework needed to support these comprehensive, managed care programs.

COORDINATION/INTEGRATION WITH CURRENT INITIATIVES: Dane County and its strategic partners plan to invest in the development of a full-service ADRC to support and complement the managed LTC system. The ADRC, along with the managed care experience and capacity of CLA and ECW, will enable Dane County to build a managed care system for the elderly and persons with physical disabilities currently receiving long-term care on a fee-for-service basis.

READINESS FOR MANAGED CARE: In CLA and ECW, Dane County has the ideal strategic partners to implement a consumer-responsive, integrated managed care system. The county has collaborated with both organizations and their precursor entities for 25 years to implement a diverse array of community based services including: Supportive Home Care, HCBW programs, PACE, Partnership, Medicaid Personal Care, and SSI managed care. Both strategic partners have:

- well-deserved reputations for providing innovative, cost-efficient services
- demonstrated commitments to the involvement of consumers in the governance of their organizations, as well as consumer involvement in their grievance, quality improvement and evaluation processes.

- developed the requisite management and administrative capabilities to undertake the complex and critical operations essential to effective risk management including: utilization review, quantitative financial analysis, claims processing, network development, management of pharmacy benefits; internal clinical and audit review processes, information systems development, quality improvement, and clinical health care management.
- authorization to operate as Wisconsin-based HMOs, Medicare Advantage Plans, including Special Needs Plans and Medicare Part D drug plans; and are certified by DHFS to participate in the Medicaid Managed Care program
- authorization by the federal government to serve people who are “dually entitled” under Medicaid and Medicare.

BUDGET:

Dane County & Partners <i>Planning to Implement</i> Budget	
Project Activities/Deliverables	Budget
Project Manager/Facilitator	\$115,625
Creation of an ADRC	\$45,000
Risk profiling	\$30,000
IT modifications and enhancements	\$15,000
Staff training	\$15,000
Consumer involvement	\$10,000
Legal assistance	\$6,375
Local LTC Council activities	\$8,000
Travel/incidentals	\$5,000
Total	\$250,000

Dane County & Partners <i>Planning to Plan</i> Budget	
Project Activities/Deliverables	Budget
Project Manager/Facilitator	\$34,375
Creation of an ADRC	\$5,000
IT modifications and enhancements	\$10,000
Staff training	\$7,500
DD managed care model design	\$20,000
Consumer involvement	\$2,500
Legal assistance	\$1,125
Local LTC Council activities	\$2,000
Travel/incidentals	\$5,000
Provider relations/development/training	\$7,500
Meetings	\$5,000
Total	\$100,000

Dane County & Partners Contribution	
Cash Contribution	\$35,000
In-Kind Contribution	\$465,000
Total	\$500,000

Dane County & Partners Contribution	
Cash Contribution	\$15,000
In-Kind Contribution	\$185,000
Total	\$200,000

See: Attached budget annotations for explanation

CLOSING: Dane County is an acknowledged leader in developing and funding quality, consumer-driven services, and accounts for the second highest number (second only to Milwaukee County) of Medicaid funded services in the state. In light of their history for program innovation, the significant number of persons served, and experience of their strategic partners, Dane County is prepared to move forward to implement managed long-term care for elders and the physically disabled. Dane County is also prepared to plan a managed care model for the developmentally disabled that preserves the significant strengths of the county's self-directed system.

The approach that Dane County and its partners are proposing could well-serve as a model for other areas of the state. These planning efforts will result in the implementation (in Wisconsin's fastest growing county) of one seamless coordinated, integrated managed care system that would replace a host of fragmented fee-for-service arrangements. County residents will have access to this system and its resources through one central point (ADRC). This new system will preserve a diverse and vibrant network of local provider organizations that will offer an array of needed specialized services and choices to recipients.